



HIDALGO COUNTY PURCHASING DEPARTMENT Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department via e-mail: darlene.betancourt@co.hidalgo.tx.us, facsimile: (956) 318-2629 or (956) 292-7612 in person or regular mail to: 2812 S. Business Hwy. 281, Edinburg, Texas 78539

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| Company Name: <u>ASPA</u> | Telephone No. <u>(202) 393-7878</u> |
| dba Name: | |
| Legal Name: <u>American Society for Public Administration</u> | |
| Mailing Address: <u>1301 Pennsylvania Ave., N.W.</u> | Fax No. <u>(202) 639-4952</u> |
| Physical Address: <u>1301 Pennsylvania Ave., N.W. WA ZIP 20004</u> | |
| City, State, Zip <u>Washington, D.C.</u> | Tax I.D. No. <u>36-2340300</u> |
| Remit to Address: | City, State, Zip |
| E-Mail Address: <u>dcrawley@aspanet.org</u> | |
| Representative(s) Name(s) & Title(s) | |
| Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other, Specify | |
| State Identification No. _____ (Please attached completed W-9 form with this application) Federal Identification No. or (if individual) SS No. _____ | |
| State of Incorporation: <u>Illinois</u> | Date: <u>1945</u> Other: _____ |
| Type of Business (check one): <input checked="" type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Broker <input type="checkbox"/> Service Organization <input type="checkbox"/> Other, Specify | |
| Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: <u>Duane Crawley, Director Administrative Services</u> | |
| Small and/or Disadvantaged Business Information (check application criteria) | |
| Small Business: _____ Disadvantaged Business (At Least 51% Ownership) | |
| <ul style="list-style-type: none"> <input type="checkbox"/> Less than 125,000 annual gross receipt <input type="checkbox"/> Less than 250,000 annual gross receipt <input type="checkbox"/> Less than 499,000 annual gross receipt <input type="checkbox"/> More than 500,000 annual gross receipt | <ul style="list-style-type: none"> <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Native American <input type="checkbox"/> Women <input type="checkbox"/> Other |
| Have you been certified as a HUB or an MBE/WBE source?: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Indicate Certification No.(s): _____ or are Certificate(s) attached?: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| What type of product(s) is/are solicited by your company?: | |
| Would you like to be provided with specifications for procurements of such products?: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| To Be Completed by the County: Rec'd by (Purchasing): _____ Date Rec'd by (Purchasing): _____ | |
| Date Forwarded Information to Auditor's Office: _____ Entry Date: _____ Vendor No.: _____ | |